

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13561</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>Musuraca</u> P.O. Box, Bldg., Room No., if any Street <u>125 Barclay Street</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10007-2179</u>	4. Name, file number, and address of labor organization. Name <u>District Council 37, AFSCME</u> Labor Organization File Number <u>059403</u> <u>APL-150</u> P.O. Box, Building and Room Number, if any Street <u>125 BARCLAY STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10007-2179</u>
5. Position in labor organization. <u>Assistant Director, DEPT. of Research & Negotiations</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Had an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael Musuraca</u>	On <u>8/16/05</u> Date	<u>212-815-1470</u> Telephone Number

File Number U.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount. 039.82

14.b. Amount of payment.

American Federation of State, County & Municipal Employees, AFL-CIO
125 BARCLAY STREET • NEW YORK, NY 10007-2179

Telephone: 212-815-1470
Fax: 212-815-1402

District Council **37**

LILLIAN ROBERTS

Executive Director

VERONICA MONTGOMERY-COSTA

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CLIFFORD KOPPELMAN

Secretary

MAF MISBAH UDDIN

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Mickey McFarland
Alex Parker
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Joan Reed
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John Socha
James J. Tucciarelli
Edna M. Williams

Associate Director

Oliver Gray

Retirees Association

Stuart Leibowitz


August 16, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

Dear Sir or Madam:

Enclosed please find my LM-20 for Calendar Year 2004. If you have any questions, feel free to call upon me.

Sincerely,



Michael Musuraca

DEPARTMENT OF RESEARCH AND NEGOTIATIONS

Dennis Sullivan, Director

